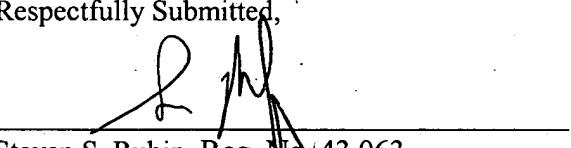


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PATENT APPLICATION TRANSMITTAL (37 CFR §1.53(b)) [BRMF&SL1]	Atty Docket No.: 4982/29US		Total Pages: 56																																																
	First Inventor or Application Identifier: Anand Prahlad et al.																																																		
	Express Mail Label No. (37 CFR 1.10): EV 330371153 US																																																		
<p>Mail Stop: PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Re: Applicant(s) or Identifier: Anand Prahlad, Avinash KUMAR, Andreas May, Norman R. Lunde, Lixin Zhou, David Ngo</p> <p>Serial No. : To Be Assigned</p> <p>Filed : Herewith</p> <p>Title : SYSTEM AND METHOD FOR MANAGING STORED DATA</p> <p>Kindly file the annexed papers indicated below:</p> <p><input checked="" type="checkbox"/> Original application for Patent including Specification (45 pages) and Drawing (11 pages, Figs. 1-11)</p> <p><input checked="" type="checkbox"/> Return Receipt Postcard</p> <p><input checked="" type="checkbox"/> Unexecuted Declaration and Power of Attorney</p> <p><input type="checkbox"/> Signed Assignment</p> <p>This application claims priority to U.S. provisional application numbers 60/416,717 and 60/416,699 both filed on October 7, 2002.</p> <p>The fee has been calculated as follows:</p> <table border="1"> <thead> <tr> <th></th> <th>Claims</th> <th>Claims Paid for</th> <th>Extra</th> <th>Rate (Sm. Ent.)</th> <th>Fee</th> <th>Rate (Lg. Ent.)</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td colspan="4">BASIC FILING FEE</td> <td>\$ 375</td> <td>\$375</td> <td>\$750</td> <td>\$</td> </tr> <tr> <td>Total</td> <td>17</td> <td>- 20 =</td> <td>0</td> <td>x \$9</td> <td>\$9</td> <td>\$18</td> <td>\$</td> </tr> <tr> <td>Indep.</td> <td>6</td> <td>- 3 =</td> <td>3</td> <td>x \$42</td> <td>\$126</td> <td>\$84</td> <td>\$</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM PRESENT</td> <td>+ \$140</td> <td>\$</td> <td>\$0</td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td>TOTAL</td> <td>\$501</td> <td></td> <td></td> </tr> </tbody> </table> <p>FILING FEE WILL BE SUBMITTED LATER</p> <p><input type="checkbox"/> Check in the amount of \$_____ to cover the filing fee of \$_____ which includes the Assignment Fee of \$_____.</p> <p>The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to the undersigned attorney's Deposit Account No. <u>02-4270</u>.</p> <p>Correspondence address: Use Customer Number 29858.</p> <p>Respectfully Submitted,</p> <p>By: </p> <p>Steven S. Rubin, Reg. No. 43,063 Brown Raysman Millstein Felder & Steiner LLP Attorney for Applicants 900 Third Avenue New York, New York 10022 Phone: (212) 895-2000 Fax: (212) 895-2900</p>					Claims	Claims Paid for	Extra	Rate (Sm. Ent.)	Fee	Rate (Lg. Ent.)	Fee	BASIC FILING FEE				\$ 375	\$375	\$750	\$	Total	17	- 20 =	0	x \$9	\$9	\$18	\$	Indep.	6	- 3 =	3	x \$42	\$126	\$84	\$	MULTIPLE DEPENDENT CLAIM PRESENT				+ \$140	\$	\$0	\$					TOTAL	\$501		
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